



Election Inspector Information

Please Print Clearly

Name: _____

Address: _____

Zip Code: _____

E-mail Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Best Time to be Reached: _____

Preferred Contact Method

Please circle one

E-mail Home Phone Work Phone Cell Phone

Election Day Shift

Preference – circle one

Early – 6:30 a.m. – 1:30 p.m.

Late – 1:30 p.m. – close

All Day

No Preference

Do you speak another language other than English? Please list:

